

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	J. h.		9/2/17
O.I.P.E. CLASSIFIER		1	7/3/17
FORMALITY REVIEW		65455	10/17
RESPONSE FORMALITY REVIEW			

### INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)... Canceled      A ..... Appeal  
 ÷ ..... Restricted      O ..... Objected

Claim	Date
Final	
Original	
1	✓
2	o
3	✓
4	✓
5	o
6	✓
7	✓
8	✓
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11	
12	✓
13	o
14	o
15	✓
16	✓
17	✓
18	o
19	✓
20	✓
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Claim	Date
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If more than 150 claims or 10 actions  
staple additional sheet here

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